

Approaches to Case Management Supervision

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This study examines approaches to case management supervision from the perspective of case manager supervisors, those persons ultimately responsible for the management of services to clients. The purpose of the study was to gain a better understanding of what case management supervisors perceive as the characteristics of effective supervision. In particular, the study was conducted to illuminate, *from the supervisors' views*, the characteristics of effective supervision and what circumstances (resources, environment, oversight, skills, and experience) they identified as exerting the greatest influence on their effectiveness as supervisors.

LITERATURE REVIEW

In the social work literature, case management is generally described in terms of its tasks: the assessment of needs; the planning of appropriate services; and the coordination, monitoring, and evaluation

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of services on behalf of clients (Moore, 1990; Roberts-DeGennaro, 1987; Applebaum, 1988). The literature on case management supervision follows similar task oriented themes, focusing on "planning of assignments, delegating work assignments, helping the case manager deal with work-related problems, reviewing the case manager's work, and modifying the specifications of existing or future tasks" (Roberts-DeGennaro, p. 470). Some authors have advocated for supervisory training around administrative, supportive, and educational aspects of the work (Kadushin, 1985; Mordock, 1990), as well as training in service and resource coordination (Applebaum & Wilson, 1988). Such training, it is suggested, will promote effective supervision and, consequently, effective case management. Absent from the literature is an exploration of how case managers and their supervisors define "effective" practice and the consequences these definitions have for case management practice and supervision.

The literature on social work supervision gives recognition that supervisors practice with different supervisory styles (Russell, Lankford, & Grinnell, 1984) and that supervisors face a variety of difficulties during the transition from direct service to supervision (Kadushin, 1985; Cohen, 1987; Mordock, 1990; Brashears, 1995). Identifying the need to focus on client outcomes, in 1989 Harkness and Poertner outlined a social work supervision research agenda, focusing on clients, that included "asking what supervisory behaviors, of what kind and amount under what conditions, produce what outcomes with what workers, clients, and problems" (p. 115). In 1991, Harkness and Hensley explored the correlation of supervisory actions with client outcomes, noting that their observations "point to the focus of supervision as a significant mediating factor in the use by staff of basic communication, problem-solving and relationship skills in clinical practice" (p. 511).

In the literature, case management practice is generally guided by one of two particular approaches: the client or consumer-centered approach (Gowdy, Rapp, & Poertner, 1993; Tower, 1994) or the case management systems approach (Roberts-DeGennaro, 1987). According to these authors, in a client-centered model or approach, "clients are viewed as people whose desires and needs take priority over other constituents' demands, and where organizational resources and attention are unremittingly devoted to clients' welfare and well-being" (Gowdy, Rapp, & Poertner, p. 3). In a case management systems

approach, the case manager links the client to the complex service delivery system and is responsible for ensuring that the client receives the appropriate services in a timely manner (Roberts-DeGennaro, 1987). In this approach, the case manager is concerned with the degree of correspondence between the needs of the client system and the environmental resources available to meet those needs.

In a study of the cost of case management in long-term care, Kane, Penrod, Davidson, and Moscovice (1991) point to the need for case managers to balance client advocacy with resource allocation:

Indeed, case management often involves an uneasy balance between advocacy for members of the target population and efforts to allocate limited services fairly and parsimoniously among all those with needs in the target group. (p. 283)

Applebaum and Austin (1990) take this discussion a step further, pointing out the difficulties case managers have balancing both client and system goals in the absence of "clear public policy directions for long-term care services":

Although case managers may have increased gatekeeping authority (as agents of their local delivery systems), they also continue to have responsibility for individual clients, including advocacy and counseling. While it may, in fact, be possible to be simultaneously the agent of the client and the agent of the system, case managers who try to accomplish both may experience considerable tension and stress. (p. 10)

Notably absent from the literature is the identification of the possibility of a difference in approach between case managers and their supervisors, nor the impact such a difference may have on case managers' ability to do their work. Although Netting (1992) acknowledges that it is a challenge for social workers to "maintain a perspective of case management in a cost-obsessed environment" (p. 162), she does not address the impact of the supervisor's approach on the case manager's work, nor the possibility that a difference in approaches between the supervisor and case manager could exist. Gowdy and her colleagues (1993) recognize the strain and increasing work load of case manager supervisors, offering a dichotomy of responses for supervisors to react to these demands:

Thus, a manager's daily work life is often typified by a constant stream of needs and demands from consumers, staff, funders, providers, courts, regulatory agents, and advocates. There are deadlines to meet, reports and grants to be written, meetings to attend, phone calls to take, questions to be answered, and crises to be solved. In the face of such a chaotic milieu, managers seem to evidence two responses: (a) surrender to such constraints and be satisfied maintaining the status quo; or (b) persist in finding opportunities to improve the program in the midst of chaos. (p. 14)

While authors continue to identify the difference between more and less client-centered practice, the implications of these approaches have not been explored. There is no discussion of the nature of the approaches and how they influence supervision and case management practice.

To summarize, a review of the social work literature addressing the approaches of case managers and case manager supervisors generally addresses the degree to which practice is client-centered, and often presents more and less client-centered practice approaches in a dichotomous manner. While it is clear that supervisory practice has a direct impact on case management practice, and client outcomes in particular, the impact of the degree of client-centered supervisory practice approaches is still absent in the literature. An examination of the nature of the work of supervision, including what it means to be effective and productive, as well as how these terms are defined by supervisors, and what the consequences of these definitions are for both case managers and clients, needs to be explored further. The nature of different practice approaches, the impact of context or environment, the influence of various mediating factors on the decision to employ one approach over the other, and the consequences of either for case management, are absent. Finally, research that focuses upon how case managers and supervisors shift their supervisory approaches, what difference it makes if there is a match in practice approach between a supervisor and the staff they supervise, and the relationship between supervisors and their managers, is missing from the literature. This study begins to address these gaps.

METHODS

Data Collection

The researchers asked individuals from a variety of sources to submit lists of “effective” and “less effective” case manager supervisors in the state long-term care system. Sources included agencies charged by the state with oversight of the long-term service system; regional case management offices; public and private agencies charged with evaluating state aging programs; and a group of six case managers previously identified as Wisconsin’s “best” case managers (Bowers, 1995). Criteria to be used to identify “effective” and “less effective” supervisors were not provided by the researchers so that those submitting names would supply this criteria.

The researchers received 37 names of supervisors designated as either “effective” or “less effective.” There was little consistency across the lists, with the same names appearing on both lists. The designation of a supervisor as “effective” or “less effective” varied by the list maker. It became clear that the only consistent criterion used by list makers was the degree to which the supervisors’ approach to case management matched that of the listmaker. For example, criteria for “effective” supervision from one source included “allows flexibility” while another source noted “accessible to staff” and “allows space and support for the case manager to take risks.” It was a supervisor’s perspective on case management practice, rather than any specific management or supervisory skills, that seemed to determine whether a supervisor was considered more or less effective by the listmakers. Keeping this in mind, the study proceeded using a deliberate strategy of not assuming specific criteria as inherently more or less effective. Instead, analysis focused on the implications of different practice approaches of supervisors for case management and supervisory practices.

A total of 20 interviews were conducted with case manager supervisors in the long-term care network. Interviews were conducted individually, in person or over the phone, with occasional follow-up contacts for clarification. Each interview lasted about an hour. There were no supervisors who declined to participate in the study. Human subjects’ approval was obtained for this study.

Subject Profile

The sample was composed of 20 county supervisors, 8 female and 12 male, in the Wisconsin long-term support system. The long-term support system includes: the bureau charged by the state with oversight of public agencies dealing with long-term care issues, private agencies charged with evaluating state aging programs, and regional case management programs. The supervisors selected represented a cross-section of both urban (9) and rural (11) Wisconsin counties. They had between 2.5 and 29 years of experience supervising in long-term support related programs and supervised between 2 and 16 staff members.

Nine of the supervisors reported being degreed in Social Work. Six of these supervisors were MSW degreed, and one reported a Master's in Social Services. Four supervisors reported completing some graduate credits; two in Social Work and two in Business Management. Three supervisors had business-related Master's degrees; one in Health Care Administration and two in Business Management. One supervisor with a Master's degree in Business Management also had a Master's degree in Social Work. Four supervisors did not have any degrees in Social Work. Two supervisors retired prior to reporting complete demographic data. The demographic data was not useful to predict supervisory approaches or practice patterns. For example, there were no relational patterns between education type and supervisory approach.

Data Analysis

Initial interview questions were broad and non-directive, allowing the supervisors to define case management and supervision practices in their own words, selecting what they believed was important to discuss. Data were then analyzed using a grounded dimensional analysis (Glaser & Strauss, 1967; Schatzman, 1991; Bowers, 1988). Dimensional analysis is an inquiry of the "parts, attributes, interconnection, context, processes, and implications" of a phenomenon (Schatzman, p. 309). In general, line-by-line analysis of interview transcripts allows the researcher to discover and describe the dimensions and core categories of the phenomena as conceptualized by the participants. "Each new dimension identified raises theoretical possibilities which direct the researcher in the development of new interview questions and the selection of research participants (theoretical sampling)"

(Bowers, p. 48). Analysis was conducted using the constant comparative method in conjunction with line-by-line dimensional analysis of transcribed interviews. An analysis of the initial interviews was completed before continuing, maximizing the ability to modify interview questions in response to analysis.

A dimensional analysis of the early interviews suggested that general supervisory approaches varied primarily according to the degree of importance these supervisors placed on the relationship between the client and the long-term support system. Additional interview questions were then designed to collect data that would clarify the nature and consequences of the supervisor's views on client-centeredness, approach to case management, and the importance these supervisors attributed to systems issues and overall work level compared to a client's particular needs (see Appendix for sample interview questions).

The excerpts included below are quotations from the supervisor interview data, and are intended to demonstrate supervisors' perspectives in their own words. The use of the term "care manager" by supervisors reflects a language choice by the Wisconsin long-term support system. The term "care manager" appears in some quotations to reflect the language used by these supervisors. To clarify, "care manager" is synonymous with "case manager." (For confidentiality purposes, subject names were numerically coded and related to raw data.)

FINDINGS

Case Management and Supervision in a Changing Environment

Over the past decade, there has been an increasing demand placed on the long-term support system in Wisconsin. Longer waiting lists, larger case loads per case manager, and greater administration required for both case managers and supervisors have made it necessary to explore how both case managers and care manager supervisors organize their time, do their work, and utilize case management resources.

This is a constant question in my mind: Do we try and serve more people with less, or do we serve less people with more?

This quote reveals an increasingly common struggle that supervisors face: How to promote high quality, effective services to a growing

population of clients when both resources and service providers continue to decrease in number, while the burdens of documentation (paperwork) and other requirements continue to multiply.

Supervisors described specific case management skills as: learning the state long-term care network, meeting paperwork (documentation) requirements, and becoming familiar with both resources and providers. All supervisors interviewed agreed that case managers could learn these skills over time and that most case managers were able to do so with little difficulty. Ability to do these things was not what distinguished case managers from each other. All supervisors also acknowledged a change over time in the context of case management, particularly in the availability of resources. Decreasing resources, and a greater competition for resources, forced system issues to be a part of effective case management decision-making.

Several supervisors identified the continuing trend of increasing paperwork per client and decreasing resources with which to manage care. One supervisor, describing how the case management practice environment has changed over time, commented:

It helps tremendously to have the experience of growing with the program. I cannot imagine most social workers walking into a LTS (*long-term support*) supervisor's job today. One really is more of a business-minded person than a social worker.

The shift in the practice environment that supervisors described led them to focus on whether or not work tasks were completed (i.e., meeting deadlines, getting forms filed), sometimes at the expense of ensuring the quality of outcomes achieved. Supervisors explained that documentation had to be completed in order to keep resources flowing and prevent problems in funding. Increasingly, effectiveness was described as comprised of these latter achievements, as much as client outcomes. Attending to system requirements causes a shifting in supervisors' expectations for the outcome of effective case management. Some client outcomes that were perceived as unacceptable in the past, are now considered acceptable.

Approaches to Effective Case Management

Although there has been a shift in the expectations for effective case management, all of the supervisors agreed that an effective case man-

ager was “committed” to the client. They also agreed that commitment required developing a relationship with the client, finding the resources (services and funding) that were “needed,” designing a plan of care that met the needs of the client, and coordinating the service delivery. They did not, however, agree on their approach for realizing effective case management. The language used by supervisors was similar, but often the meaning was quite different.

Some supervisors described effective case management as focusing primarily on the client and doing, as one supervisor stated, “whatever it takes” to get the right services for the client. This was referred to by several supervisors as a “traditional approach” and/or “the way things used to be.” This approach is consistent with the client-centered approach referred to in the social work literature. A less client-centered approach, described by other supervisors, focused on the client’s interests, but placed these within the larger context of the agency, available resources, and other demands on case managers. Consistent with the case management systems approach described in the literature, this approach gives greater consideration than the client-centered approach to the impact of case management decisions on the agency as a whole, the impact of agency constraints on individual cases, the impact on other case management staff, and the impact on resources in general. Within this less client-centered approach, changing resources would necessarily cause a shift in case management approaches in order to maintain the balance between client and organizational/systems interests.

While supervisors tended to define themselves as disposed toward one or the other of these approaches, most also claimed to support case managers who practiced within a range of approaches *that did not necessarily match the supervisor’s approach*. Problems arose, however, as the degree of mis-match between case manager and supervisor increased. Most supervisors had lines or boundaries beyond which the mis-match was not tolerated. As the following discussion points out, there is a great deal of variation among case manager supervisors about the nature and effectiveness of different case management approaches. The variation in supervisors’ views depended on (1) the supervisors’ approach to case management, (2) the range of practice they accept from their staff, and (3) the practice environment itself. These factors influence supervisory practice and, thus, practice possibilities for effective case management.

Supervisor-Case Manager Match

While supervisors varied on which case management approaches they believed were most effective and, subsequently, what effective supervision of such practice should look like, most supervisors perceived themselves as accepting of a wide range of practice in the case managers they supervised. However, as supervisors described effective case management, it was clear that they themselves varied on what it meant, practically and philosophically, to be “committed,” to maintain a relationship with the client, to acquire resources, and to define the client’s needs. Supervisors perceived their practice, and that of their case managers, to exist on a continuum, with the degree of client-centeredness influencing where on this continuum practice was tolerated. At one extreme is a focus on consequences for the client only, while at the other extreme is a focus solely on the consequences for the agency.

Depending on client needs, the time available for individual clients, available resources, and agency constraints, practice tended to shift with movement between more or less client-centered approaches. Some supervisors were more responsive to these influences while others, with more client-centered approaches, kept their focus primarily on clients, factoring systems concerns into decision-making less frequently, or to a lesser extent. The degree of client-centeredness, and how important the needs of the client were perceived compared to other considerations, often determined the approach that supervisors assumed and accepted in their case managers. One supervisor’s description of the staff he supervised captures the image of a “practice continuum” quite clearly:

On the same case I have 3 employees who would do it a little differently. One would get a little more involved than the others. I’m comfortable with all three approaches except to the point where you are so uninvolved in a case, and you leave so much up to other people, that it damages the process and the consumer’s ability to do what needs to happen. The other extreme is where you overdo and almost take the place of the consumer and you don’t stay back far enough.

As supervisors described their expectations of staff and the difficulties they had supervising particular case managers, the difficulties they

described could usually be attributed to an apparent mis-match between their own approach to effective practice and that of the case manager. This supervisor highlighted the consequences of having a different approach to practice than two of his staff:

I never had to fire them, but they left the agency under pressure . . . I had problems with their approach and technique, and I felt it was in conflict with professionally what I thought we should be doing.

Another supervisor, describing a case manager with an approach to practice that was less client-centered than he expected, used a similar supervisory strategy:

She's walking the walk, but not putting forth the extra effort I expect . . . I'm pushing her to open cases—keeping her case load equal with others . . . I'm pushing her to produce until she gets with the program or gives up.

A phrase commonly used by supervisors to describe case manager practice that was outside of the supervisor's own range of acceptable practice was "crossing the line." These are examples of supervisors with a less degree of client-centeredness observing more client-centered case managers:

This person got overly involved and crossed that line of being too personal with people. That's kind of a no-no in the profession and it really masks that, 'How do you observe a case?' and 'How do you intervene?'

I have a care manager who gets emotionally involved and takes things very personally. He says, 'I should have done this, I should have done that,' and I have to say, 'You did everything that could have been done.'

It was the supervisor's approach to case management that determined where these lines were and when they were crossed:

I'm a firm believer in the profession and believe if you develop your own approach to how this works, and if that is not in line

with the basic social work theory, technique, and skill, it's probably not going to be okay with me.

Supervisors whose approach to case management was focused to a greater degree on the client expressed the belief that it is alright to "cross the line" under certain conditions, in order to help the client. One such supervisor was unsure about whether it was even possible to go "too far" for a client:

The real success stories, with the hard to reach client or consumer, the case manager is persistent in trying all of the options in trying to reach that client. When the case manager tries to win them over, he uses persuasive powers to convince them to allow us to be involved.

Conversely, for a less client-centered supervisor, the line is drawn when practice gets in the way of meeting larger systems requirements or obligations. As one supervisor explained:

I hired a consumer advocate type person . . . I had some reservations because the system has rules and regulations about how to do the job. I thought he was doing fine, but after he left, his records were a mess. He felt client advocacy was more important than keeping good records.

Consequently, the nature of the "line," and the consequences for line crossing, can be understood as reflecting, variously, the degree of client-centered practice, within a range of practice approaches. A mismatch between the approaches of the supervisor and the case manager occurs when the degree of client-centeredness differs for the supervisor compared to that of the case manager.

***Degree of Client-Centeredness:
Implications for Practice and Supervision***

The client-centered approach, as described by supervisors, is a perspective of case management in which the client's needs are always the primary focus. In this approach, diminished resources do not alter the nature of acceptable outcomes; they only make meeting acceptable

outcomes more challenging. Knowing the client's needs requires an intimate understanding by the case manager of what would really make a difference *to the client*. Needs are defined by the client, not the system or the case manager. The most important consideration in determining "what" the client needs is the client's view of what is needed. All supervisors agreed that getting this information is the primary responsibility of the case manager. More client-centered supervisors reported that this information, regardless of agency resources, is what guides the service plan:

My philosophy is that they have the relationship with the client, they know what the client needs, they have the face-to-face with the client. I don't. They should know better what the needs are and the best way to meet those needs.

So first of all, what the client needs and has to have governs where we go. And I allow my case managers to do that. I pretty much do not argue with that.

Specific to the client-centered approach is a commitment by the case manager to spend the time required to get to know the client well enough to see the world through the client's eyes. Practicing within this perspective requires a very involved, one-on-one relationship with the client. In short, a client-centered approach is time-consuming. It makes spending time with clients a critical prerequisite to accurate needs assessment. This is in contrast to a needs assessment based on categorical familiarity with clients, i.e., "clients like this." The client-centered approach assumes the inability to discover client needs based on standardized interviews that are less likely to reveal intimate, unique details about the individual client.

Case managers with a more client-centered approach may spend what some less client-centered supervisors would describe as an "unreasonable" amount of time with a client. More client-centered supervisors would describe the same expenditure of time as quite reasonable, and in fact, necessary, for effective case management. These more client-centered supervisors pushed their case managers to develop close, personal relationships with their clients. As one supervisor said: "I want the case manager to feel uncomfortable if the client doesn't have something." Other supervisors commented:

They may go one step further and convince a family member, who really didn't have time, to become involved . . . and before you know it, they're giving one or two hours.

I'm sure they went further, as they were encouraged to do that. I really kept urging them to have a broader focus and not to over-emphasize financial eligibility. I encouraged them to try various things and if it doesn't work, wait, and try again later.

Some client-centered supervisors viewed a case manager's time investment as demonstrating their commitment, and believed it necessary to defining needs accurately and practicing effectively. However, most supervisors explained how spending the necessary time to really get to know the client often results in paperwork being late or incomplete. These things were less problematic for the more client-centered case manager, focused on spending time with clients and seeing the world through the client's eyes. A consequence of more client-centered case management practice for supervisors was that often the supervisor was left to follow-up on the case manager's incomplete paperwork and/or other agency requirements.

For a more client-centered supervisor, this was often accepted as part of their work and viewed as a way for them to facilitate "effective" case management. By allowing their case managers the client time they needed, the supervisor was promoting effective case management:

I am sure the most important thing I can do for my care managers is make sure the path is clear for them to serve people. If this means I stay late, do weekends to get paperwork done, I do it.

I think a good supervisor does what they can to kind of pave the way for the case manager. So they're trying to address system issues and getting those things out of the case manager's hair, so that they can do their work.

These two quotes demonstrate a good match between client-centered supervisors and their client-centered staff.

Spending the same amount of time with clients was perceived differently by several supervisors with a less client-centered approach. These supervisors attempted to balance client time with time required

by other clients and demands on staff time. Decisions about resources were made by balancing one client's needs with those of other clients. According to these supervisors, a less client-centered approach does not preclude taking the client's perspective into consideration. However, what the client prefers, and what will make the most significant difference in the client's quality of life, while important, are not the only considerations in decision-making:

Many times, what the client needs and what we think they need are two different things and there has to be a mutual agreement. We really try to look at what they want.

Additionally, a less client-centered approach to supervision also considers the impact of decisions for a particular client on the overall organization, on the case manager, and on the limited resources of both when making case management decisions. One supervisor commented:

It's hard to balance paperwork versus home visits. Sometimes the client's needs can go beyond the scope of the program the client is being served under. Workers may perceive that I am more concerned about meeting requirements, but the pressure is on me from my supervisor—no audited exceptions, fiscal sanctions.

Within a less client-centered approach, the case manager's assessment of what is "best" for the client, even if the client disagrees, has a greater impact on decision-making than in a more client-centered approach. As a result, a less client-centered approach could be perceived as more removed from and less responsive to the client than more client-centered practice. Less client-centered supervisors, however, focus on obtaining the best services for the greatest number of people. As a consequence, they are willing to lower expectations for client outcomes in order to provide "adequate" case management among all clients.

Less client-centered supervisors suggested that client-related compromises often have to be made and that service plans may be "less than ideal." A less client-centered approach considers the client's request for service, whether or not it is the usual service provided in similar situations, and how utilizing a service will affect both the client and agency resources simultaneously. Definitions of acceptable out-

comes, in fact, shift with resource availability. This tends to result in a general lowering of expectations for client outcomes.

Because a less client-centered approach to supervision simultaneously considers consequences for the client, for agency resources, for case manager energy, and for the public image of the agency, it is, by necessity, filled with compromise and balance. A less client-centered approach also assumes that setting limits on client services and saying “No” to clients is necessary at times. One supervisor described meeting with clients who were in jeopardy of losing services and commented: “I explained the position, offered what I could do, and offered them alternatives.”

Less client-centered supervisors viewed case management practice as “crossing the line” or “over-involved” when it was too draining on the agency or staff. The drain supervisors described was incomplete paperwork from their staff:

The old guard staff are so completely focused on the client, that they don't get the paperwork done. They are typically people that were hired 20 years ago. Hearts are in the right place, but case management then was so completely focused on the client. There was much less regulation, requirements, and paperwork.

I do not do the care manager's paperwork. Being “on target” is the expectation. I tell the care manager that he's behind schedule and it gets done.

One supervisor practicing with a less client-centered approach discussed the case management delivery system as having “fixed responsibilities” assigned to case managers with standards of practice (standardization) guiding the case management decisions. This necessarily minimizes the degree to which plans are tailored to individual needs.

Several supervisors with less client-centered approaches described concern over the amount of time client-centered case managers spent with a single client, potentially to the detriment of others on the case load. In these instances, they suggested, it was not only a concern for over-involvement in a client's personal life, but the potential for neglect of other cases, other case managers, or the impact on agency resources in general that was problematic:

Sometimes I'll have to do things after the fact. If a file comes

through to me and I see something wasn't done and there's a liability issue out there, then I'll need to go back to the worker and say 'Hey, we really need to cover our bases here and you need to do this.'

I teach shared responsibility. The 'how' is negotiable; the 'work,' however, is non-negotiable.

Supervisors with a less client-centered approach often found extreme client-focused case management practices unacceptable. These supervisors feared that being too close to clients could cause case managers to lose their objectivity, use too many agency resources for a single client, increase the client's dependency on the case manager, or give the client false hopes. Some of these supervisors complained that extremely client-focused case managers are unwilling/unable to shift their approach to accommodate system requirements, e.g., use a less client-centered approach. Although the supervisor might theoretically "appreciate" the more client-centered way of approaching case management, several less client-centered supervisors described attempts to move such case managers toward a less client-centered approach:

You don't rule by fiat. You guide by the extent to which you can have staff move with you and avoid having staff that do not move with you. If you have such staff, you certainly need to attempt to find a common vision, a common mission, a common objective.

I tend to pretend, if you will, to join them completely on their concerns, but only for a limited amount of time. Then I say, 'Gosh, I share your feelings here, but at the same time I know that we can't just stop this. We're all professional people here and this is gonna have to be done unless we can come up with a better way.'

The intent of several less client-centered supervisors was clearly to shift case management practice in the unit to a less client-centered approach or at least away from an extreme client-centered focus. If a supervisor's strategies to move their case managers away from an extreme client-centered approach did not succeed, these case managers were often isolated and left alone. Over time, they would simply be replaced with, or balanced by, new, less client-centered case managers,

thus “changing the personality of the unit.” Whether or not the supervisors saw this shift as ideal, most saw it as necessary to survive within a context of declining resources.

CONCLUSION

The twenty supervisors interviewed described their work primarily as keeping the larger system going and clearing away system generated obstacles. Most supervisors viewed themselves as primarily engaged at the level of the system, rather than at the level of particular clients or case managers. This was in contrast to what the “best” care managers said regarding the influence supervisors had over their staff and the difficulty created by supervisors who were less client-centered than they were (Bowers, 1995).

This study suggests that there are different views between supervisors about the nature of their work. Certain case management practices are precluded under some supervisors while facilitated under others. In addition, “effective” case management and “effective” supervision are defined in a variety of ways and influenced by the conditions within which they are practiced. A match or mis-match between the practice approach of the case manager and the approach of the supervisor often determines practice possibilities for case managers and their clients.

Despite a relatively small sample of supervisors interviewed, the majority of supervisors described practicing with a less “client-centered” approach to supervision, taking system issues into consideration. In fact, there were only two extremely client-centered supervisors; one who was recently retired. It appears that many supervisors are becoming less client-focused in their own views of case management practice. Several supervisors described engaging in much more client-centered practice in the past, when they were case managers, than they are now, as supervisors, able to support. Several supervisors also described how they had been forced to move away from client-centered practice as paperwork and case loads increased while resources decreased. These supervisors have become less client-centered out of necessity, admitting this could limit what might be accomplished for individual clients.

In situations where mis-matches in approach between the supervisor and case manager occur, less client-centered supervisors are at-

tempting to minimize the problem through their hiring practices. In an effort to balance their staff, most supervisors are becoming quite deliberate about hiring case managers who do not have extremely client-centered practice approaches.

Most supervisors interviewed did not perceive "extremely" client-focused case managers as a significant issue for them, since they viewed their own case managers as primarily practicing within an acceptable range. None of the supervisors believed that their approach to practice created significant difficulty for the case managers they supervised.

These findings raise some important questions about the direction of case management, how it may be influenced by supervisor approach to practice, how supervisory approaches are influenced by reduced resources, what effective practice looks like, and how client needs are being defined. An increase in the number of supervisors with less client-centered approaches to practice will certainly have an impact on practice patterns in general and case management relationships in particular.

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APPENDIX

Case Manager Supervisor Interview Questions

Initial Interview Questions

Tell me what case management is.

What is “excellent” case management?

What differences can you, as a supervisor, make? What do you need to know to do this well?

Does it make a difference who you are supervising?

2nd Round of Interview Questions

How has your perspective changed with experience?

How/does supervision change depending on the type of case manager?

What is going “too far” or getting “too involved”?

How do you teach someone to do case management?

How do you supervise—how do you know when to step in and when to stay back?

3rd Round of Interview Questions

Give me 5 qualities of a great/poor supervisor and a great/poor case manager.

Talk about case managers who “go too far/get too involved” with a client or “don’t go far enough” in their work. Where/what is the line?

How do you supervise these case managers?

